Table 5A. Profile of Clients by Type of Funding Support

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 5A	
Report Year:	2007
State Identifier:	IN

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 5b are not available.			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Total	F	M	Not Available	F	M	Not Available	F	M	Not Available	F	M	Not Available	F	M	Not Available	F	M	Not Available	F	M	Not Available	F	M	Not Available
Medicaid (only Medicaid)	29695	25983	0	55678	201	192	0	48	38	0	4120	4603	0	35	45	0	24068	19742	0	0	0	0	758	826	0	465	537	0
Non-Medicaid Sources (only)	17476	14487	0	31963	190	192	0	41	41	0	1842	1853	0	14	24	0	14824	11854	0	0	0	0	277	253	0	288	270	0
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Served	47171	40470	0	87641	391	384	0	89	79	0	5962	6456	0	49	69	0	38892	31596	0	0	0	0	1035	###	0	753	807	0

☐ Data based on Medicaid Paid Services   ☑ Data Based on Medicaid Eligibility, not Medicaid Paid Services   ☐ 'People Served by Both' is a Duplicated Count

Comments on Data (for Age):	* Age is calculated at the beginning of the fiscal year.
Comments on Data (for Gender):	
Comments on Data (Overall):	

Comments on Data (Overall, Continue):

* The reports shown on this website contain numbers for Indiana residents who are served by the Hoosier Assurance Plan (HAP) and do not contain numbers for all Indiana residents who may receive mental health or addiction services. The HAP is the main method by which the Indiana Division of Mental Health and Addiction can fund community mental health services. As established by the Indiana Legislature, the HAP is designed to support and manage the delivery of behavioral healthcare services to individuals who are in a low income population and who have clearly identified mental health needs.

* Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included.

* This report currently contains data from the Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).

* The results of this report were determined by placing consumers with a Medicaid ID number in the 'Medicaid Only' row, and consumers without a Medicaid ID number into the 'Non-Medicaid Only' row.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.
If a state is unable to unduplicate between People whose care is paid by Medicaid, then they should report all data into the People Served by Both Medicaid and Other Sources and would check the box, People Served by Both is a duplicated count.